



SUMMIT 2011 National Training Summit on Women Veterans



DOD Panel

COL Cathy Nace *OB/GYN*

COL Rebecca Porter *Behavioral Health*

LTC Michelle Munroe *Certified Nurse Midwife*

Megan Foradori *Nursing Research*



SUMMIT 2011 National Training Summit
on Women Veterans



Military Women's Health Research Interest Group (WHRIG)

LTC Nancy Steele, PhD, RNC, NP

U.S. Army Nurse Corps

Chief, Nursing Research

Landstuhl Regional Medical Center, Germany

The WHRIG Team

CAPT Jacqueline Rychnovsky, PhD, PNP, Navy Nurse Corps

LTC Lori Trego, PhD, ARNP, CNM, Army Nurse Corps

LTC Nancy Steele, PhD, RNC, WHNP, Army Nurse Corps

Lt Col Candy Wilson, PhD, WHNP, Air Force Nurse Corps

Megan Foradori, RN, MSN, Research Project Coordinator



What is a WHRIG?



A collaborative Triservice community of professionals with an interest in expanding the foundation of knowledge upon which can be built expert practices in preventive, acute, and chronic health care for military women



PURPOSE: Generate research that:

- Influences DoD policy & program development
- Supports evidence-based decision making
- Promotes care & well being of military women

OBJECTIVES:

- Develop a military women's health research program
- Foster multidisciplinary study teams
- Create a web-based repository
- Focus WHRIG community members' research efforts

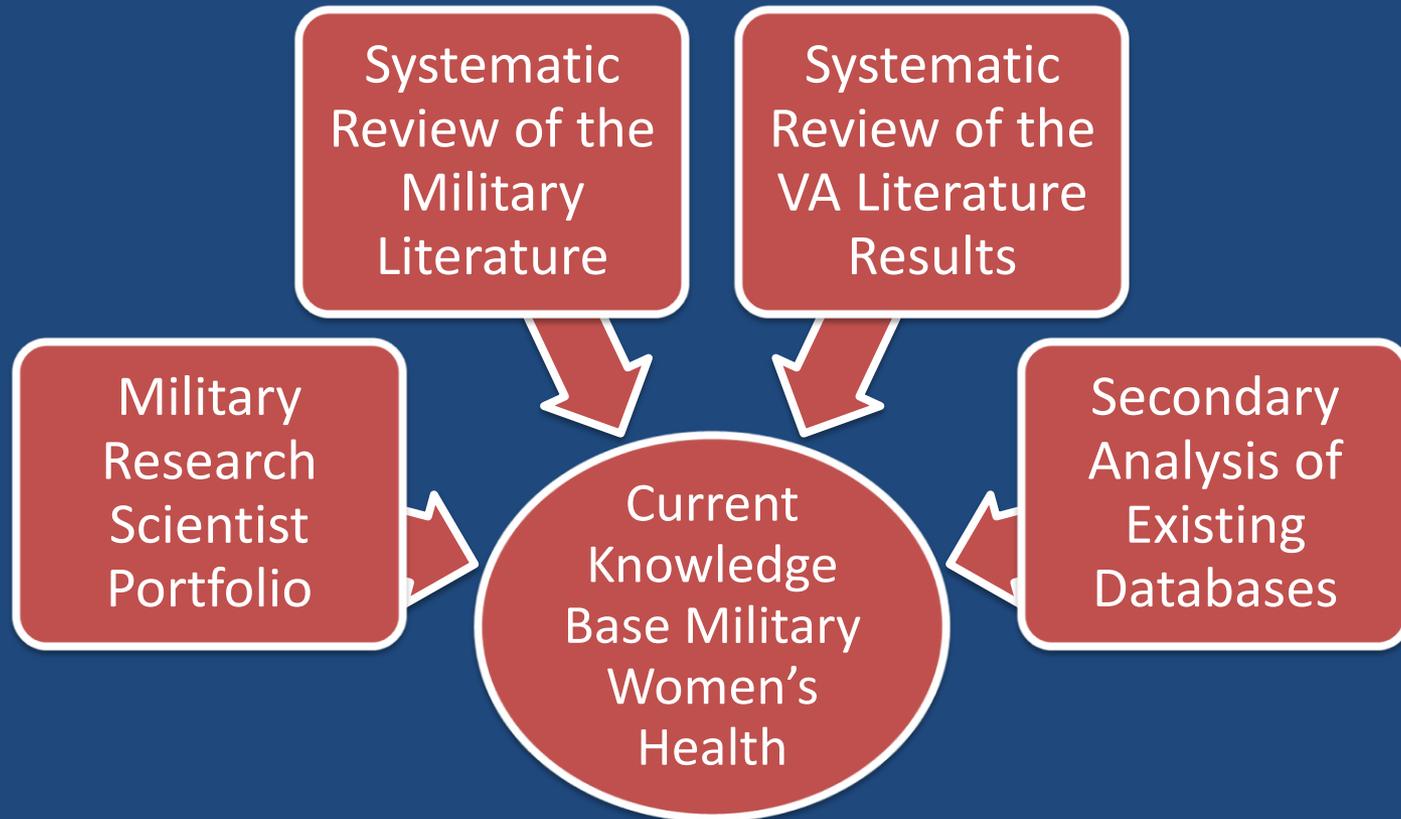


Military WHRIG Agenda Planning

- Army, Navy, & Air Force experts in women's health & research determined need for an agenda
- Utilized VA's model to establish a MWH Research Agenda
- Collaborated with VA Women's Health Research Agenda primary author
- Four-Step Model adapted to account for military women and future implications on Veteran women's health needs



Step One

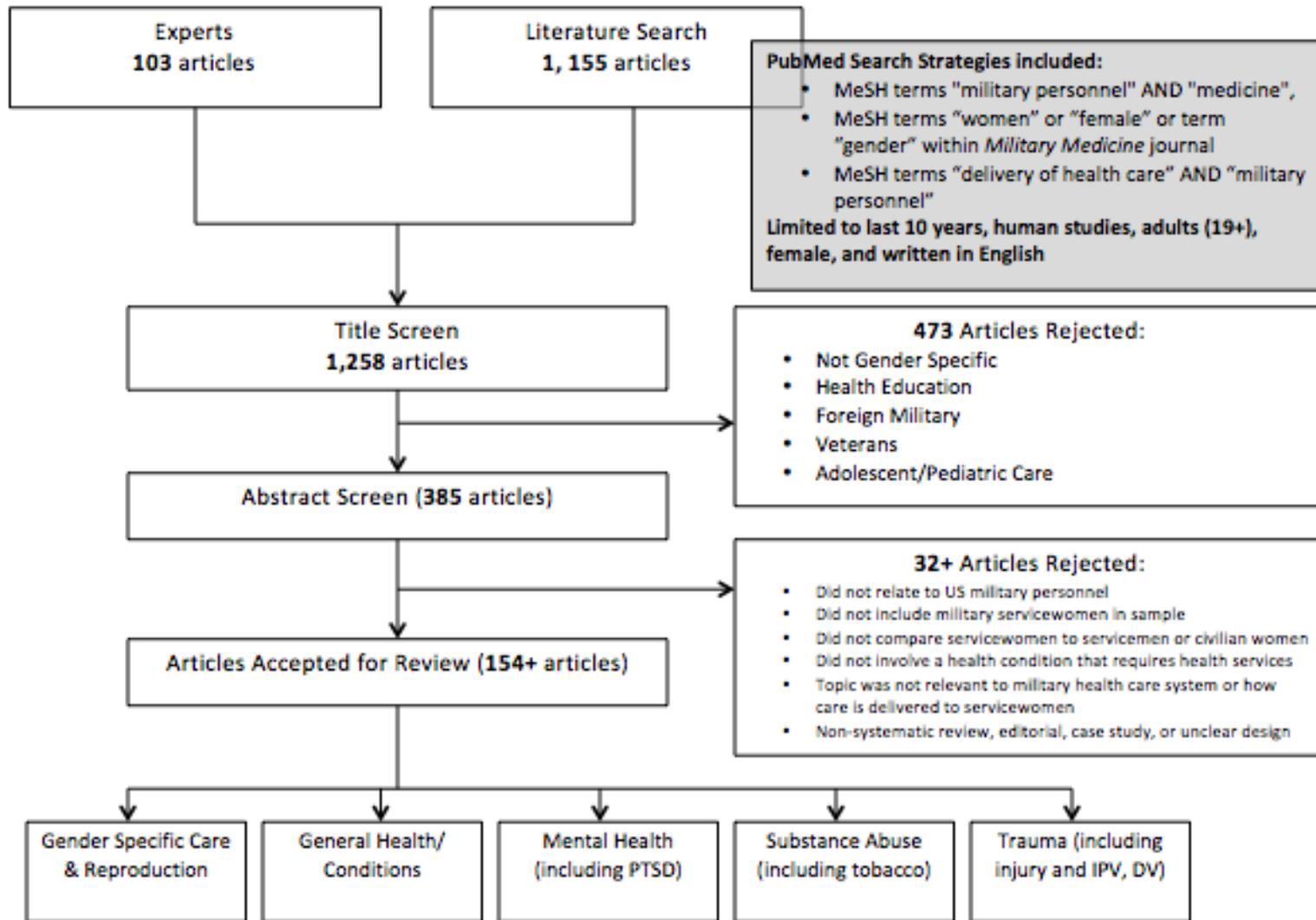


Step Two

Step Three

Step Four





Home page for Veteran Women's Health Research Repository

Search Literature Database: Women's Health Research - Windows Internet Explorer

http://www.hsrd.research.va.gov/for_researchers/womens_health/search.cfm#funder

File Edit View Favorites Tools Help

Military Women's Health Res... Search Literature Databa...

UNITED STATES DEPARTMENT OF VETERANS AFFAIRS

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HSR&D
Health Services Research & Development Service

HSR&D » For researchers » Womens health

Women's Health Literature Search

This search tool is intended to be a resource for the VA Women's Health community including: clinicians, managers, policy makers, researchers, and Veterans.

Your feedback is appreciated to help make this tool more useful. [Email](#) comments and/or suggest articles that should be indexed.

You can search according to:

- Study design
- Period of service
- Funding source
- Topics
- Research setting
- Conditions

To conduct a search, chose any of the criteria below, then click the "Search Now" button.

Clear Selections Search Now >>

Study design

Descriptive

Topics

Clinical research

Conditions

Chronic conditions:

Related Links

- Learn how to [search more effectively](#)
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Military WHRIG Face Book Page

Browser address bar: http://www.facebook.com/pages/Military-Womens-Health-Research-Interest-Group/1175324483024817sk=app_4949752878

Search:

Home Profile Account ▾

Military Women's Health Research Interest Group ▸ Members

Government Organization · [Edit Info](#)

We are excited to share information about MWH Researchers to promote collaboration and mentoring!

The following researchers have agreed to participate and completed a profile sheet including their current affiliations, e-mail address, office phone number, publications, presentations, areas of research interest, and funding sources. They have given us written permission to share most or all of this information with those interested in MWH research.

If you are interested in an electronic copy of this information, please click on project director Megan Foradori's picture here to send a FB message with your e-mail address and the name or names of the researchers with whom you'd like to connect.

Researcher	Areas of Research Interest
Agazio	dual military, military families, working women/working mothers, military mothers
Alviar	women's health during deployment, social support during pregnancy
Baykan	any women's health issues
Bean-Mayberry	women veterans, gender differences in preventative care, patient satisfaction
Christopher	suppression of menses
Chung-Park	reproductive health, unplanned pregnancy
Clemmons	female athletes, STIs, reproductive disorders/diseases, eating disorders
Conway	combat stress and post-deployment health in men and women (and past work on tobacco use)
Criner	coping strategies among military women in austere settings, the psychological effects of SUI among military women, quality of life/women's health topics
F...	women's health issues in a deployed setting, social support during pregnancy,

Admins (5) [?] [See All](#)

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Sample Ad: Military Women's...
 Your ad text here.

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- Members**
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Our mission is to expand the foundation of knowledge surrounding health car...

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- Northern Regional Medical Command
- RC-East

Military WHRIG Next Steps

- **Distiller program**
- **Secondary data analysis**
- **Create a web-based repository**
- **Update profiles in WHRIG researcher guide**
- **Continue WHRIG networking & collaboration**
- **Disseminate results**

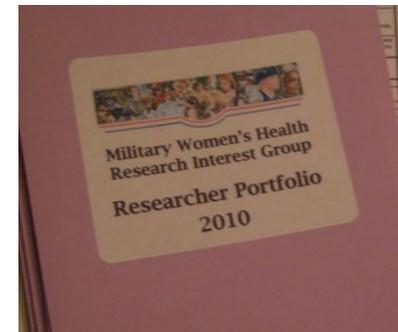


Please join us!



**Military Women's Health
Research Interest Group**

**Become a SME Reviewer &
Include your profile in our
researcher guide**



Military Women's Health Research Interest Group

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Women's Health Issues: Considerations in the Active Duty Soldier

COL Cathy Nace, MD

Women's Health Consultant to the Army Surgeon
General

17 July 2011

Overview

- Contraception
- Ectopic pregnancy
- Sexual assault
- Urinary health issues
- Mental health: PTSD/depression
- Screening: cervical and breast CA, chlamydia
- Menopause/peri-menopause issues

What is the relevance to the VA?

- Puts patients seen in VA system into context
 - What were their experiences previously
 - How does that affect their care upon entry into the VA system
- Reinforces common women's health care issues that need to be addressed in the VA setting

Contraception

- Oral contraceptives
- Other hormonal methods
- Permanent sterilization
 - Transcervical sterilization
 - BTL

Contraception

- Considerations
 - Critical in prevention of unplanned pregnancy
 - Young population
 - “Deployment” considerations
 - Ease of restrictions of General Order #1
 - Menstrual control
 - Non-contraceptive benefits of OCPs

OCPs

- Menstrual control
 - Menstruation not physiologically necessary
 - “Continuous” OCPs
(Seasonale/Seasonique/Lybrel)
 - “Field” considerations
 - Hygiene products
 - Tampons vs pads

OCPs: Relevant Non-contraceptive benefits

- DECREASE in:
 - Menorrhagia
 - Dysmenorrhea
 - Functional ovarian cysts
 - PID/salpingitis
 - Anemia
 - PMS/PMDD
 - Pelvic pain due to endometriosis
 - Benign breast disease (ie FCC, fibroadenoma)
 - Menstrual migraines (w/o aura)

Non-contraceptive use

- Decrease in:
 - Hirsutism (polycystic ovary/metabolic syndrome)
 - Osteoporosis in perimenopausal women
 - Ovarian and endometrial cancer
- Hypothalamic amenorrhea
 - Ie exercise induced/athletes
- No association with Breast Cancer

Contraception

- Other hormonal methods
 - Depo-provera: DUB, wt gain, “timing” issues
 - Emergency contraception: intended as back-up; 0.2-3% failure rate; Plan B vs Yuzpe reg
 - Vaginal ring: “Nuvaring”; continuous use and “field” use not studied;
 - Implants: Implanon/Jadelle; DUB
 - Mirena: IUD with levonorgestrel; hi efficacy; decr menstrual flow; decr dysmenorrhea

Contraception

- Other methods
 - Barrier: condoms, diaphragms
 - Tubal obstruction/permanent sterilization
 - BTL
 - “Essure”: hysteroscopic placement of metal and polymer coil inserted into the tubal ostia

Ectopic Pregnancy

- Implantation of embryo at site other than in uterine cavity; most commonly tubal
- Symptoms: 6-8 wks post LMP
 - Abdominal pain
 - Amenorrhea
 - Vaginal bleeding
- Diagnosis:
 - Transvaginal ultrasound and hCG

Ectopic Pregnancy

■ Management

– Surgical

- Unstable patient, risk of rupture
- Contraindications to medical tx
- Usually laparoscopic
 - Salpingectomy vs salpingostomy

– Medical

- Methotrexate : low dose (50 mg/m²); usually single dose

Ectopic Pregnancy

- Medical vs Surgical
 - Similar treatment success: ~85-92%
 - Subsequent preg rates similar
 - Physical and psych functioning best with single dose MTX
 - Early dx critical for MTX use
 - For “field”, MTX probably best, if possible

Miscarriage

- Spontaneous abortion most common early pregnancy complication
 - 25% of all pregnancies; 8-20% of clinically recognized pregnancies
 - Sx: amenorrhea, vag bleeding, pelvic pain
 - US for diagnosis
 - Management
 - Expectant
 - D&C

Urinary Health Issues

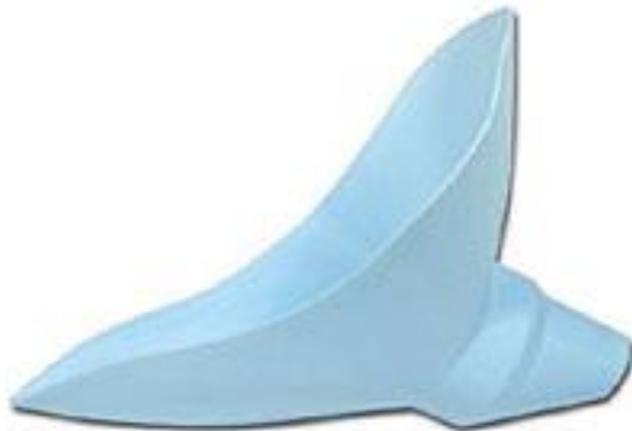
- Field considerations
 - Urination during deployment
 - Difficult
 - Unpleasant
 - Time-consuming
 - Dangerous
 - Most women seek to minimize frequency
 - Dehydration risks
 - Decline in physical and mental well-being and performance
 - UTIs

Urinary Health Issues

- “Mitigation” strategies
 - Coffee cans/ziplock bags for later disposal
 - Commercial items available
 - Lady J
 - Freshette

Field-tested products:

- “Lady J”



- “Freshette”



Urinary Health Issues

- Evaluation and management of UTI
 - Empiric treatment often done
 - Urinalysis
 - Urine dipsticks/Leuk est/nitrite testing
 - Treatment
 - Increase fluid intake
 - TMP-SMX, nitrofurantoin

Other GYN topics

- DUB
 - Numerous causes, often anovulatory
- Myoma
 - Most common pelvic mass
 - In 50-80% of women
- Infertility
 - Numerous causes
 - Ovulatory dysfunction, tubal factor, endometriosis, unexplained

Sexual Assault

- Problem both on and off deployments
 - Lifetime prevalence ~18% overall
 - Believed higher for military women
 - Rate appears to be increasing in past several years for women deployed to Iraq and Afghanistan
 - 80+ % may be unreported
 - Recent efforts to address
 - Victims can seek tx w/o reporting crime
 - More trained NPs in field units
 - More bases with rape kits

Sexual Assault

- Management
 - Assessment and treatment of physical injury
 - Pregnancy assessment and prevention
 - STD evaluation, treatment, and prevention
 - Psychological assessment and support
 - F/u mental health services
 - Trained providers are crucial
- Potential for development of PTSD, depression, anxiety

Mental Health Issues

- PTSD/depression
 - Military women with potential for 2 inciting factors
 - Sexual assault
 - Most frequent type of trauma experienced by women with PTSD in civilian population
 - Deployment/military combat/injury
 - Multi-disciplinary treatment
 - Osteoporosis risk with SSRIs

Women's Health Screening

- Cervical cancer screening and prevention
 - 1st Pap at age 21
 - Annually until age ~30 (depending on RF)
 - Q2-3 years age 30 and greater if neg paps
 - Colposcopy for low grade SIL/hi grade SIL
 - Hx of abnormal pap no longer prevents entry to the military
 - HPV vaccine

Women's Health Screening

- Breast cancer screening
 - Controversy over initiation and frequency
 - ?Begin age 40-50, q 1-2 years
 - Annually every year age 50-69
 - ?When to discontinue, ?age 70
- Chlamydia
 - High prevalence, often is asx
 - Untreated, is long lasting
 - Sequelae: PID, infertility
 - Screening rec: annually if 25 or younger; or with RF

Menopause/perimenopause

■ Perimenopause

– Use of OCPs

- Regulates menstrual cycles
- Prevents/decreases hot flashes/mood swings
- Prevents ovarian/endometrial ca
- Pregnancy prevention
- Avoid in obese women (incr VTE risk)
- Age to discontinue: ~ 51-55

Menopause Issues

- Hot flashes
 - HRT
 - SSRIs: venlafaxine, fluoxetine, etc
 - Gabapentin
 - Alternative/complimentary methods
 - Soy products (isoflavones)
 - Black cohosh
 - Others: flaxseed, red clover
 - Acupuncture

Menopause Issues

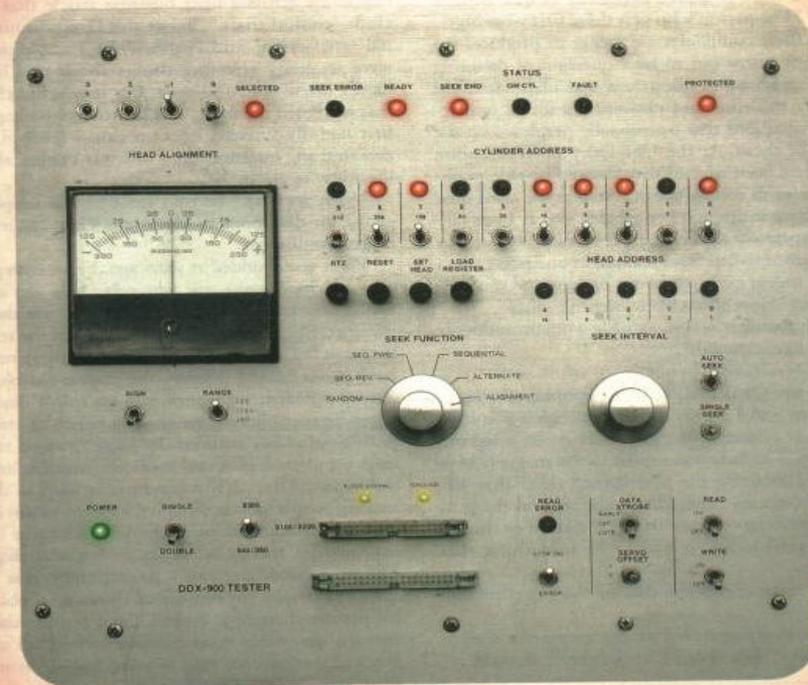
- Vaginal dryness
 - Lubricants
 - Replens
 - KY Jelly
 - KY “Silky”
 - Astroglide
 - Estrogen cream (Premarin cream)
 - Estrogen tablets (Vagifem)
 - Estring

Menopause Issues

- Osteoporosis/osteopenia
 - Treatment for osteopenia depends on risk factors/FRAX tool
 - Recommendation for calcium: 1200 mg/d + Vit D
 - Bisphosphanates
 - Consideration of “drug holiday” post 5-10 yrs?
 - (data is conflicting, not consistent with lay press)
 - New medication: Denosumab (Prolia)
 - Option for pts with renal disease



[*Male sexuality*]



[*Female sexuality*]

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Other Peri/Menopause Issues

- Sexual dysfunction
 - Most common: hypoactive sexual desire disorder (HSDD)
 - Management: can be challenging
 - Vaginal estrogen
 - Viagra: not shown effective in women
 - Testosterone
 - Numerous “compounded” formulations
 - New drug on horizon: “Libigel” 1% test gel

Resources

- www.acog.org
 - American College of Obstetricians and Gynecologists
- www.menopause.org
 - North American Menopause Society
- www.osteoporosis.nih.gov (NIH)
- www.4women.gov (Dept of HHS)
- www.fda.gov/womens (FDA)
- www.nccam.nih.gov (NIH complement/alter med)
- www.asrm.org (American Society of Reproductive Medicine)



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Behavioral Health

COL Rebecca I. Porter, Ph.D., ABPP
Chief, Behavioral Health Division
Office of the Surgeon General
17 July 2011

Behavioral Health

- OIF/OEF- Women have had significant direct and indirect exposure to trauma related to combat
- Recent VA research emphasis on exposure to combat stress and women's mental health
 - Overall, women demonstrate great resilience when exposed to combat stress. (Vogt, Vaughn, Glickman, Schultz, Drainoni, Elwy & Eisen, 2011)
 - Research identifying higher PTSD risk in women found that it was accounted for by a lack of two protective factors that often shielded men (Kline, 2011)
 - High perception of military preparedness
 - High sense of unit cohesion (social support)

Behavioral Health

Treatment Considerations

- Careful assessment and integration of all sources of trauma into treatment
 - Direct combat exposure
 - Indirect combat exposure after battle
 - History of sexual trauma in military and prior to service.
- Patient's perception of:
 - Unit cohesion
 - Military preparedness
 - Severity of threat experienced during exposures



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Strategies for Care

LTC Michelle L. Munroe

Certified Nurse Midwife

Deputy Commander for Nursing

17 July 2011

VA Population



Strategies for Care

VA

- National Benchmark for quality, safety, and transparency of health care
- Provide timely and appropriate access to health care and eliminate service disparities.

Women's Health Care PCMs

- Equitable, ethical, accessible quality health care
- Health care that respects human dignity, individuality and diversity among groups

Strategies for Care

VA

- Transform VHA's culture through patient-centered care to continuously improve Veteran and family satisfaction.

Women's Health Care PCMs

- Promotes a continuous and compassionate partnership
- Acknowledges a person's life experiences
- Individualized methods of care and healing guided by the best evidence available
- Therapeutic use of human presence and skillful communication

Strategies for Care

VA

- Ensure an engaged, collaborative, and high-performing workforce to meet the needs of Veterans and their families.

Women's Health Care PCMs

- Women's Health Clinics with a multidisciplinary approach to care
 - Psychologist/psychiatrist
 - Social Worker
 - Mammography
- All levels of Providers to include OB/GYN, CNMs and WHNPs

Strategies for Care

VA

- Create value by leveraging scale and skill economies to achieve consistency and excellence in business practices.

Women's Health Care PCMs

- Leverage your assets.
- preconceptual counseling
- contraception options
- colposcopy
- peri menopause and menopausal care

Strategies for Care

VA

- Excel in research and development of evidence-based clinical care and delivery system improvements designed to enhance the health and well-being of Veterans.

Women's Health Care PCMs

- Women's Health Research Group
- Centering Health Care

Centering Health Care

- Health assessment occurs within the group space.
- Participants are involved in self-care activities.
- A facilitative leadership style is used.
- The group is conducted in a circle.
- Each session has an overall plan.
- Attention is given to the core content, although emphasis may vary.

Centering Health Care

- There is stability of group leadership.
- Group conduct honors the contribution of each member.
- Composition of the group is stable, not rigid.
- Group size is optimal.
- Involvement of support people is optional.
- Opportunity for socializing within the group
- There is ongoing evaluation of outcomes.

Summary

- Women's Health Research
- OB/GYN Deployment Concerns
- Behavioral Health
- Strategies for Future Care

■ Questions??